

- ☐ Letter Contract
☐ Committee

REQUEST FOR REIMBURSEMENT NEBRASKA DEPARTMENT OF EDUCATION

NDE Only 5/2010

MEETING NAME: NE Council on Teacher Education Executive Committee Meeting

MEETING LOCATION: Virginia Moon Administrative Center – Ralston, NE

DATE(s) OF MEETING: January 22, 2016

Batch #
Document #

AB #

| | |
|--|--|
| NAME | SOCIAL SECURITY NUMBER |
| MAILING ADDRESS | CITY/STATE/ZIP |
| OWNER OF VEHICLE (MUST provide if claiming mileage) | LICENSE PLATE NUMBER (MUST provide if claiming mileage) |

| | |
|--|--|
| STIPEND DATES (No stipend is paid for this meeting) | PER DAY: \$ _____ X _____ DAYS |
| ____/____/____, ____/____/____, ____/____/____, ____/____/____, ____/____/____ | |
| TOTAL STIPEND PAYMENT | \$ _____ |

| MEALS – (Receipts Required) | | | | | |
|------------------------------------|-----------------------|-----------|----------|----------|----------|
| DATE | START TIME / END TIME | BREAKFAST | LUNCH | DINNER | TOTAL |
| | / | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| | / | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| | / | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| TOTAL MEALS REIMBURSEMENT | | | | | \$ _____ |

| MILEAGE | | OWNER OF VEHICLE | | LICENSE PLATE NUMBER |
|---------------------------------------|---------------------|-------------------------|------------------------------------|-----------------------------|
| DATE | START TIME/END TIME | | | |
| | / | FROM | TO | MILES |
| | / | FROM | TO | MILES |
| | / | FROM | TO | MILES |
| | / | FROM | TO | MILES |
| ACTUAL MILEAGE _____ x \$0.575 | | | TOTAL MILEAGE REIMBURSEMENT | \$ _____ |

| MISCELLANEOUS EXPENSES | | | |
|--|-----------------------|------------------------|------------------------|
| PARKING: \$ _____ | TIPS: \$ _____ | OTHER: \$ _____ | OTHER: \$ _____ |
| TOTAL MISCELLANEOUS REIMBURSEMENT | | | \$ _____ |

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|---|----------|
| LODGING (Receipt required unless Direct Billed to the Department per the contract) | \$ _____ |
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|---|----------|
| TOTAL PAYMENT DUE CONTRACTOR (Stipend and/or Expenses) | \$ _____ |
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|--|---|
| <i>I claim reimbursement from the STATE OF NEBRASKA for the above expenses incurred by me and declare that is a true account of such expenses for which payment has not previously been made by the STATE OF NEBRASKA. I further certify that I have received a copy of the letter contract.</i> Signature of Contractor _____ Date _____ | <i>I hereby certify that the above claim for reimbursement is proper under state statutes, and that the claim for mileage, if any for use of a privately-owned vehicle, is authorized according to Section 81-1176.</i> Signature of Nebraska Department of Education _____ Date _____ |
|--|---|

| BUSINESS UNIT | LETTER CONTRACTS | BUSINESS UNIT | BUSINESS UNIT | COMMITTEES |
|------------------------|------------------|------------------------|------------------------|------------|
| _____ .547100 \$ _____ | | _____ .571100 \$ _____ | _____ .574500 \$ _____ | |
| _____ .574600 \$ _____ | | _____ .571600 \$ _____ | _____ .575100 \$ _____ | |
| | | _____ .571900 \$ _____ | _____ ._____ \$ _____ | |

| | | | |
|---------------------------|---------------------------|---------------------------|---------------------------|
| REF. BATCH # _____ | REF. BATCH # _____ | REF. BATCH # _____ | REF. BATCH # _____ |
|---------------------------|---------------------------|---------------------------|---------------------------|

INSTRUCTIONS

For Committee's that create an employer/employee relationship, claiming for reimbursement should be on the Employee Reimbursement Document.

Direct Billing for any item, i.e., lodging, air fare, etc. is considered part of the letter contract. The payment for such items must be cross-referenced to the payment made to the Contractor.

STIPEND:

- Report the dates requesting the stipend, the number of days (may include partial days and the total amount of the stipend (days times daily stipend rate)

MILEAGE:

- Reimbursement for mileage is only made to an individual. Complete the Owner of Vehicle and License Number.
- Report Actual miles. List the starting location in "Location From:" and the ending location in "Location To:"
- Explanation for additional mileage must be provided (example: picked up 3 individuals to carpool, actual residence is 18 miles outside of town). May attach a separate sheet with the explanation.
- If using an agency/business automobile, a separate Letter Contract will be required between the agency/business and the Nebraska Dept of Education in order for the agency/business to be reimbursed.

MEALS:

- Cost of meals is reimbursed per Contract allowance. Tips for meals shall be included in the Miscellaneous Section.
- Time-frame allowances and guideline costs for meals are specified in the Letter Contract.
- No reimbursement will be made for alcoholic beverages.
- NDE may adjust a Contractors expense reimbursement request to meet the specifications of the Letter Contract.

LODGING:

- Lodging may be direct-billed to the Agency only with prior approval by the agency and through agency arrangement with the motel/hotel. If direct billed enter "DB" in Lodging.
- Contractor may be reimbursed for the actual cost of personally arranged lodging and tax. The most cost effective lodging (single government rates) will be considered. Receipts are required.
- If unusual circumstances arise, explanation for expense will be required.
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MISCELLANEOUS:

Required receipts:

- Parking in a parking garage or lot. On-street parking meter costs do not require a receipt.
- Any unusual purchases.

No receipts are required for gratuity/tips for meals and personal services

The signature of the Contractor and date of signature is required.

NDE Use Only:

- Signature of the Nebraska Department of Education Approver is required.
- Enter the Business Units and dollar amounts of the payment.
- Cross Reference any batch(es) that pertain to this letter contract, i.e. direct billing of lodging, direct billing of airline ticket, etc.